Image# 201805159112038704 PAGE 1 / 2

FEC FORM 2

STATEMENT OF CANDIDACY

1.	(a) Name of Candidate (in full)									
	ROBY, MARTHA, , ,		hook if addra	aa ahanaad		2 Candidat	o'o EEC Idon	tification	Numbar	
	(b) Address (number and street) 3260 BANKHEAD AVE	ЦС	check if addre	ss changed		H0AL02	e's FEC Iden 2087	uncation	Number	
	(c) City, State, and ZIP Code					3. Is This	Ne		v	Amended
	MONTGOMERY		AL	_ 3610	6-2448	Stateme	,	OR	×	(A)
4.	Party Affiliation	5. Office Soug	ght		6. State & Dist		ate			
	REPUBLICAN PARTY	House			AL	02				
	DE	SIGNATIO	N OF PR	INCIPAL	CAMPAIGI		TTEE			
7.	I hereby designate the following na	med political co	mmittee as n	ny Principal (Campaign Comr		2018 (year of elect		ion(s).	
	NOTE: This designation should be	filed with the ap	propriate offi	ce listed in th	ne instructions.					
	(a) Name of Committee (in full) MARTHA ROBY FO	R CONG	RESS							
	(b) Address (number and street) PO BOX 195									
	(c) City, State, and ZIP Code									
	MONTGOMERY				AL	36101				
			N OF OT		FUODIZED	001414177				
	DE			_	FHORIZED g Representativ		IEES			
8.	I hereby authorize the following nar candidacy.	ned committee	, which is NO	T my principa	al campaign cor	mmittee, to rec	ceive and exp	end fund	s on bel	nalf of my
	NOTE: This designation should be	iled with the pr	incipal campa	aign committe	ee.					
	(a) Name of Committee (in full)		_							
	TEAM ROBY VICTO	ORY FUN	ID							
	(b) Address (number and street) 824 S MILLEDGE AVE STE 1	01								
	(c) City, State, and ZIP Code									
	ATHENS				GA	30605				
	I certify that I have exa	mined this Sta	tement and to	the best of	my knowledge a	and belief it is t	true, correct a	and comp	lete.	
Si	gnature of Candidate					Date				
Re	oby, Martha, , ,			[Elect	ronically Filed]	05/15/201	8			
NC	DTE: Submission of false, erroneous	, or incomplete	information n	nay subject t	he person signii	ng this Statem	ent to penalti	es of 2 U	.S.C. §4	.37g.

FEC FORM 2 (REV. 02/2009)

FEC Form 2S (Revised 02/2017)

Optional Supplemental Page for Designation of Additional Authorized Committees

Page	² of	2

DESIGNATION OF OTHER AUTHORIZED COMMITTEES(Including Joint Fundraising Representatives)

3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campa		nmittee, to receive and expend funds on behalf of my
	(a) Name of Committee (in full)		
	WINNING WOMEN VICTORY 2018		
	(b) Address (number and street) 228 S. WASHINGTON ST. STE.115		
	(c) City, State, and ZIP Code		
	ALEXANDRIA	VA	22314
}.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE : This designation should be filed with the principal campa		nmittee, to receive and expend funds on behalf of my
	(a) Name of Committee (in full)		
	PRIMARY PATRIOT DAY 2018		
	(b) Address (number and street) PO BOX 9891		
	(c) City, State, and ZIP Code		
			22240
	ARLINGTON	VA	22219
	ARLING I ON	VA	22219
	AKLINGTON	VA	22219
3.			
3.	I hereby authorize the following named committee, which is NOT my principal candidacy. NOTE: This designation should be filed with the principal campa	al campaign cor	
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